



PANDEMIC INFLUENZA U • P • D • A • T • E



Public Health Prepares

July 2006

Fast Facts

On June 13, 2006, Indonesia's National Committee for Avian Influenza Control and Pandemic Influenza Preparedness, known as Komnas FBPI, asked the World Health Organization (WHO) and other UN agencies to "urgently convene" an international consultation of experts to:

- Review the status of the H5N1 virus
- Provide recommendations to control the virus
- Review lessons learned for rapid response and containment
- Provide an authoritative risk assessment of avian influenza in Indonesia

This consultation will bring together experts from Indonesia's Ministries of Health and of Agriculture, with those from the World Health Organization, the Food and Agriculture Organization, UNICEF, U.S. Centers for Diseases Control and Prevention and experts from many other nations.

For more information visit www.who.int/mediacentre/news/notes/2006/np14/en/index.html.

If You are Asked . . .

“Will U.S. citizens in a foreign country be evacuated in the event of a pandemic?”

Current medical thinking suggests that a “stay in place” response to a pandemic may be appropriate in certain countries or regions. In this scenario, people would be advised to exercise “social distancing” and avoid any form of public gathering where transmission of the disease could occur. Crowding associated with travel is a concern for human-to-human transmission of viral infections due to proximity of travelers. People who are not comfortable with this scenario should consider these factors when making their plans.

A variety of factors specific to individual countries will determine whether the U.S. Government evacuates anyone, including supplies of food and water, security, and medical infrastructure. Each U.S. Embassy has been asked to develop a contingency plan in the event of a pandemic, and to identify events that might prompt them to send employees and/or their dependents out of the country, assuming such travel is possible. Should the decision be made to send Embassy employees and/or their dependents out of a country, the U.S. government will communicate this to the private American community so that people can plan accordingly. As in any other crisis, we will assess the availability of commercial transportation, the ability of people to travel to the United States or a third country, and other related factors in deciding on appropriate actions to assist Americans.

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FY 2006 Pandemic Influenza State and Local Funding

As part of President Bush's plan to mobilize the nation and prepare for an influenza pandemic, HHS Secretary Michael Leavitt today announced an additional \$225 million in funding for state and local preparedness. “Earlier this year HHS joined the nation's governors for a series of state pandemic influenza summits,” Secretary Leavitt said. “These funds will build on the work begun at the summits and help local, tribal, territorial and state public health officials as they undertake critical preparedness planning that communities must do themselves.”

PANDEMIC INFLUENZA UPDATE

Today's funding announcement is part of \$350 million included in recent emergency appropriations for upgrading state and local pandemic influenza preparedness passed by Congress in December. In February, the first phase of \$100 million was awarded to states for planning and exercising of pandemic response plans and to identify gaps in preparedness.

This second phase of funding is being awarded to begin addressing those identified gaps in pandemic influenza preparedness planning. The grants will be awarded to all 50 states, the District of Columbia, three local jurisdictions (New York City, Chicago and Los Angeles County), five U.S. Territories and three Freely Associated States of the Pacific.

To continue this article, visit www.hhs.gov/news/press/2006pres/20060711.html.

<i>Chicago</i>	\$1,197,706	\$2,371,858
Indiana	\$2,007,596	\$4,601,761
Iowa	\$1,215,422	\$2,439,931
Kansas	\$1,162,607	\$2,294,977
Kentucky	\$1,501,451	\$3,229,334
Louisiana	\$1,592,758	\$3,458,374
Maine	\$818,369	\$1,364,241
Maryland	\$1,840,470	\$4,162,556
Massachusetts	\$2,061,287	\$4,684,666
Michigan	\$2,951,805	\$7,118,866
Minnesota	\$1,731,493	\$3,856,761

To view the entire chart, visit <http://www.pandemicflu.gov/news/allocation.html>

Pass This On . . .

The U.S. Department of Agriculture released its 180-day report June 29, 2006 on avian influenza (AI) efforts and the use of \$91 million appropriated in the Emergency Supplemental Appropriation to Address Pandemic Influenza six months ago. The report details USDA's efforts both internationally and domestically to combat highly pathogenic H5N1 avian influenza (HPAI H5N1).

"We're working with federal and state government partners, as well as industry to prepare the public for the possibility of highly pathogenic avian influenza detection in the United States," said Agriculture Deputy Secretary Chuck Conner. "From the emergency response teams we have dispatched to affected countries to the testing of both wild and domestic flocks in the U.S., our approach will help to slow the spread of the virus overseas and prepare for the possibility of detection here."

To continue this article go to www.usda.gov/wps/portal/!ut/p/_s.7_0_A/7_0_1OB?contentidonly=true&contentid=2006/06/0228.xml.

State/Jurisdiction	Phase I Allocations	Phase II Allocations
Alabama	\$1,595,205	\$3,480,727
Alaska	\$657,647	\$934,023
Arizona	\$1,856,742	\$4,384,193
Arkansas	\$1,163,333	\$2,317,518
California (exc. LA County)	\$6,723,207	\$17,632,167
<i>LA County</i>	\$2,900,529	\$6,997,627
Colorado	\$1,605,882	\$3,550,944
Connecticut	\$1,347,950	\$2,795,673
Delaware	\$698,960	\$1,051,650
District of Columbia	\$635,601	\$860,031
Florida	\$4,633,819	\$12,134,261
Georgia	\$2,609,920	\$6,433,307
Hawaii	\$803,669	\$1,333,955
Idaho	\$832,432	\$1,434,604

Illinois (exc. Chicago)	\$2,878,268	\$6,975,164
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Update on H5N1: Global Activity Humans and Birds

Humans: During recent outbreaks since 2004, there have been **231** confirmed cases in humans and **133** deaths*. They occurred in the following nations: Vietnam 93 cases and 42 deaths; Cambodia 6 cases and 6 deaths; Thailand 22 cases and 14 deaths; **Indonesia** **54** cases and **42** deaths; China 19 cases and 12 deaths; Turkey 12 cases and 4 deaths; Iraq 2 cases and 2 deaths; Azerbaijan 8 cases and 5 deaths; Egypt 14 cases and 6 deaths; Djibouti 1 case and 0 deaths.

Birds: Since December 2003, avian influenza A (H5N1) infections in poultry or wild birds have been reported in the following regions/countries: ASIA (Cambodia, China, Hong Kong, India, Indonesia, Laos, Malaysia, Myanmar, Pakistan, Thailand, and Vietnam); CENTRAL ASIA and the MIDDLE EAST: (Afghanistan, Azerbaijan, Georgia, Iraq, Iran, Israel, Jordan, Kazakhstan, Palestine Autonomous Territories, and Turkey); AFRICA: (Egypt, Burkina Faso, Cameroon, Cote d'Ivoire, Niger, Nigeria, Djibouti, and Sudan); EUROPE: (Albania, Austria, Bosnia/Herzegovina, Bulgaria, Croatia, Czech Republic, France, Denmark, Germany, Greece, Hungary, Italy, Poland, Romania, Russia, Siberia and Montenegro, Slovakia, Slovenia, Sweden, Switzerland, Ukraine, and United Kingdom).

(*statistics as of July 24, 2006)

Where to Find Out More . . .

The Weekly Epidemiological Report, published online by WHO, sets out results from the first analysis of epidemiological data on all 205 laboratory-confirmed H5N1 cases officially reported to WHO by April 30, 2006.

Data used in the analysis were collected for surveillance purposes. Quality, reliability and

format were not consistent across data from different countries. Despite this limitation, several Data used in the analysis were collected for surveillance purposes. Quality, reliability and format were not consistent across data from different countries. Despite this limitation, several conclusions could be reached.

- New countries reporting human cases increased from 4 to 9 after October 2005
- Half of the cases occurred in people under 20 years of age; 90% of cases occurred in people under 40 years of age.
- Overall case-fatality rate was 56%. Case fatality was high in all age groups but was highest in persons aged 10 to 39 years.
- Case-fatality profile by age group differs from that seen in seasonal influenza, where mortality is highest in the elderly.
- The overall case-fatality rate was highest in 2004 (73%), followed by 63% to date in 2006, and 43% in 2005.
- Assessment of mortality rates and the time intervals between symptom onset and hospitalization and between symptom onset and death suggests that the illness pattern has not changed substantially during the three years.
- Cases have occurred all year round. However, the incidence of human cases peaked, in each of the three years in which cases have occurred, during the period roughly corresponding to winter and spring in the northern hemisphere. If this pattern continues, an upsurge in cases could be anticipated starting in late 2006 or early 2007.

Pandemic Influenza Update: Reader's Feedback

The monthly Pandemic Influenza Update is prepared by CDC's Office of Enterprise Communications. Information in this newsletter is time sensitive and evolving. Readers are welcome to comment by email to PANUPDATE@CDC.GOV

